

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2753

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howard,
(b) City or town Fayette,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community, years, months or days

3. (a) PRINT FULL NAME Mary Broadus,

8. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Broadus, 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 15th 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation At home.

11. Industry or business

MOTHER FATHER { 12. Name William Triplet.
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

14. Maiden name Mamie Pitt.
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant John Broadus.
(b) Address Fayette, Mo.

17. (a) Burial (b) Date thereof 1-21st 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Odessa,
Guy T. Halley.

18. (a) Signature of funeral director Fayette, Mo.

19. (a) 1-20-41 (b) Anna C. Finch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,
Fayette,
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 18, year 1941 hour 11 A minute 15 M.

21. I hereby certify that I attended the deceased from Jan 16-
1941 to Jan 18, 1941
that I last saw her alive on Jan 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia

Due to Influenza

Due to no

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. L. Pritchard (M. D. or other)
Address Fayette Mo Date signed 1-20-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Ralph A. Carr

Licensed Embalmer No. 3340

P.O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.